

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01284

CERTIFICATE OF DEATH

01281

1. PLACE OF DEATH a. COUNTY QUEEN ANNE MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY CAROLINE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SUDLERSVILLE		c. LENGTH OF STAY IN lb 12 wks	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) KITTY'S NURSING		d. STREET ADDRESS DENTON	
3. NAME OF DECEASED (Type or print) First MARY Middle ANNIE Last LORD		4. DATE OF DEATH Month January Day 6 Year 1967	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV 9, 1874
9. AGE (In years last birthday) 92 yrs.		10. IF UNDER 1 YEAR Months 13 Days 5 Hours 6 Min.	
11. BIRTHPLACE (County & State, or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME PHILIP J. SPENCER		14. MOTHER'S MAIDEN NAME ALICE WOOD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO		16. SOCIAL SECURITY NO. JOHN LORD. PERRYVILLE, MD.	
17. INFORMANT JOHN LORD. PERRYVILLE, MD.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO Anticoagulant Heart Disease (b) Fracture of Hip DUE TO 5 years (c) 6 weeks		INTERVAL BETWEEN ONSET AND DEATH 5 years 6 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Dec 15 , 19 66 to Jan 6 , 19 67 , that (I) (we) last saw the deceased alive on Jan 3 , 19 67 , and that death occurred at 8:15 A M, from causes and on the date stated above.			
22a. SIGNATURE John R. Smith Jr.		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) John R. Smith, Jr.		22d. ADDRESS Centerville, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF JAN 9, 1967	
23c. NAME OF CEMETERY OR CREMATORY GREEN MOUNT		23d. LOCATION (City or Town) (County) (State) HILLS BORO MD.	
24. FUNERAL DIRECTOR LUTHER L. MOORE		25a. REC'D BY REGISTRAR DATE JAN 13 1967	
ADDRESS DENTON, MD.		25b. REGISTRAR'S SIGNATURE Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

01381

RECEIVED DE 24 1964

01381



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535
MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]
DATE: [Illegible]
BY: [Illegible]

CERTIFICATE OF DEATH

01282

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNES</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>QUEEN ANNES</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL QUEENSTOWN</u>		c. LENGTH OF STAY IN 1b <u>ALL HER LIFE</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS <u>Route #1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FLORENCE McCONNOR Rhodes</u>		4. DATE OF DEATH Month Day Year <u>Jan. 29 1967</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 15, 1886</u>
9. AGE (In years last birthday) <u>80</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (County & State, or foreign country) <u>Queenstown D.A. Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William C. McConnor</u>		14. MOTHER'S MAIDEN NAME <u>FLORENCE E. BRYAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>212-36-9288-B</u>	
17. INFORMANT <u>Husband</u>		Address <u>Route #1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u> 4500 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Generalized Atherosclerosis</u> DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>4 yrs.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u>	20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from <u>July</u> , 19 <u>57</u> , to <u>Jan</u> , 19 <u>67</u> , that (I) (we) last saw the deceased alive on <u>Jan. 29, 1967</u> , and that death occurred at <u>Jan. 29, 1967</u> M, from causes and on the date stated above.			
22a. SIGNATURE <u>Irvin G. Hoyt</u> M.D.		22b. DATE SIGNED <u>2/2/67</u>	
22c. PHYSICIAN'S NAME (Type) <u>Irvin G. Hoyt M.D.</u>		22d. ADDRESS <u>Queenstown, Md.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE THEREOF <u>FEB. 1, 1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Church Cemetery</u>	23d. LOCATION (City or Town) (County) (State) <u>Queenstown D.A. Co. Md.</u>
24. FUNERAL DIRECTOR <u>James H. Butler, Jr., Butler Bros., Centerville, Md.</u>		25a. REC'D BY REGISTRAR <u>FEB 6 1967</u>	25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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01282

REQUIREMENT OF DEPT.

1955

1. NAME OF THE PERSON OR FIRM		2. ADDRESS	
3. CITY		4. STATE	
5. ZIP CODE		6. PHONE NUMBER	
7. TYPE OF BUSINESS		8. DATE OF ESTABLISHMENT	
9. TYPE OF PRODUCT		10. DATE OF PRODUCTION	
11. TYPE OF SERVICE		12. DATE OF SERVICE	
13. TYPE OF EQUIPMENT		14. DATE OF EQUIPMENT	
15. TYPE OF MATERIAL		16. DATE OF MATERIAL	
17. TYPE OF LABOR		18. DATE OF LABOR	
19. TYPE OF CAPITAL		20. DATE OF CAPITAL	
21. TYPE OF INCOME		22. DATE OF INCOME	
23. TYPE OF EXPENSE		24. DATE OF EXPENSE	
25. TYPE OF ASSET		26. DATE OF ASSET	
27. TYPE OF LIABILITY		28. DATE OF LIABILITY	
29. TYPE OF EQUITY		30. DATE OF EQUITY	
31. TYPE OF DEBT		32. DATE OF DEBT	
33. TYPE OF CREDIT		34. DATE OF CREDIT	
35. TYPE OF INVESTMENT		36. DATE OF INVESTMENT	
37. TYPE OF DIVIDEND		38. DATE OF DIVIDEND	
39. TYPE OF PROFIT		40. DATE OF PROFIT	
41. TYPE OF LOSS		42. DATE OF LOSS	
43. TYPE OF GAIN		44. DATE OF GAIN	
45. TYPE OF RISK		46. DATE OF RISK	
47. TYPE OF HAZARD		48. DATE OF HAZARD	
49. TYPE OF ACCIDENT		50. DATE OF ACCIDENT	
51. TYPE OF INJURY		52. DATE OF INJURY	
53. TYPE OF DEATH		54. DATE OF DEATH	
55. TYPE OF PROPERTY DAMAGE		56. DATE OF PROPERTY DAMAGE	
57. TYPE OF ENVIRONMENTAL DAMAGE		58. DATE OF ENVIRONMENTAL DAMAGE	
59. TYPE OF SOCIAL DAMAGE		60. DATE OF SOCIAL DAMAGE	
61. TYPE OF ECONOMIC DAMAGE		62. DATE OF ECONOMIC DAMAGE	
63. TYPE OF POLITICAL DAMAGE		64. DATE OF POLITICAL DAMAGE	
65. TYPE OF CULTURAL DAMAGE		66. DATE OF CULTURAL DAMAGE	
67. TYPE OF HISTORICAL DAMAGE		68. DATE OF HISTORICAL DAMAGE	
69. TYPE OF SCIENTIFIC DAMAGE		69. DATE OF SCIENTIFIC DAMAGE	
71. TYPE OF ARTISTIC DAMAGE		70. DATE OF ARTISTIC DAMAGE	
72. TYPE OF LITERARY DAMAGE		71. DATE OF LITERARY DAMAGE	
73. TYPE OF MUSICAL DAMAGE		72. DATE OF MUSICAL DAMAGE	
74. TYPE OF THEATRICAL DAMAGE		73. DATE OF THEATRICAL DAMAGE	
75. TYPE OF FILM DAMAGE		74. DATE OF FILM DAMAGE	
76. TYPE OF TELEVISION DAMAGE		75. DATE OF TELEVISION DAMAGE	
77. TYPE OF RADIO DAMAGE		76. DATE OF RADIO DAMAGE	
78. TYPE OF COMPUTER DAMAGE		77. DATE OF COMPUTER DAMAGE	
79. TYPE OF SPACE DAMAGE		78. DATE OF SPACE DAMAGE	
80. TYPE OF NUCLEAR DAMAGE		79. DATE OF NUCLEAR DAMAGE	
81. TYPE OF BIOLOGICAL DAMAGE		80. DATE OF BIOLOGICAL DAMAGE	
82. TYPE OF CHEMICAL DAMAGE		81. DATE OF CHEMICAL DAMAGE	
83. TYPE OF PHYSICAL DAMAGE		82. DATE OF PHYSICAL DAMAGE	
84. TYPE OF PSYCHOLOGICAL DAMAGE		83. DATE OF PSYCHOLOGICAL DAMAGE	
85. TYPE OF SOCIAL PSYCHOLOGICAL DAMAGE		84. DATE OF SOCIAL PSYCHOLOGICAL DAMAGE	
86. TYPE OF ECONOMIC PSYCHOLOGICAL DAMAGE		85. DATE OF ECONOMIC PSYCHOLOGICAL DAMAGE	
87. TYPE OF POLITICAL PSYCHOLOGICAL DAMAGE		86. DATE OF POLITICAL PSYCHOLOGICAL DAMAGE	
88. TYPE OF CULTURAL PSYCHOLOGICAL DAMAGE		87. DATE OF CULTURAL PSYCHOLOGICAL DAMAGE	
89. TYPE OF HISTORICAL PSYCHOLOGICAL DAMAGE		88. DATE OF HISTORICAL PSYCHOLOGICAL DAMAGE	
90. TYPE OF SCIENTIFIC PSYCHOLOGICAL DAMAGE		89. DATE OF SCIENTIFIC PSYCHOLOGICAL DAMAGE	
91. TYPE OF ARTISTIC PSYCHOLOGICAL DAMAGE		90. DATE OF ARTISTIC PSYCHOLOGICAL DAMAGE	
92. TYPE OF LITERARY PSYCHOLOGICAL DAMAGE		91. DATE OF LITERARY PSYCHOLOGICAL DAMAGE	
93. TYPE OF MUSICAL PSYCHOLOGICAL DAMAGE		92. DATE OF MUSICAL PSYCHOLOGICAL DAMAGE	
94. TYPE OF THEATRICAL PSYCHOLOGICAL DAMAGE		93. DATE OF THEATRICAL PSYCHOLOGICAL DAMAGE	
95. TYPE OF FILM PSYCHOLOGICAL DAMAGE		94. DATE OF FILM PSYCHOLOGICAL DAMAGE	
96. TYPE OF TELEVISION PSYCHOLOGICAL DAMAGE		95. DATE OF TELEVISION PSYCHOLOGICAL DAMAGE	
97. TYPE OF RADIO PSYCHOLOGICAL DAMAGE		96. DATE OF RADIO PSYCHOLOGICAL DAMAGE	
98. TYPE OF COMPUTER PSYCHOLOGICAL DAMAGE		97. DATE OF COMPUTER PSYCHOLOGICAL DAMAGE	
99. TYPE OF SPACE PSYCHOLOGICAL DAMAGE		98. DATE OF SPACE PSYCHOLOGICAL DAMAGE	
100. TYPE OF NUCLEAR PSYCHOLOGICAL DAMAGE		99. DATE OF NUCLEAR PSYCHOLOGICAL DAMAGE	

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20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
01286					01283				
1. PLACE OF DEATH a. COUNTY Queen Anne's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington. c. LENGTH OF STAY IN 1b 17.1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Queen Anne's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First JOHN Middle E. Last ROBBINS					4. DATE OF DEATH Month January Day 11 Year 1967				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 10, 1892		9. AGE (In years last birthday) 75 yrs. IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS: Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.			10b. KIND OF BUSINESS OR INDUSTRY Farming.			11. BIRTHPLACE (County & State, or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William C. Robbins.					14. MOTHER'S MAIDEN NAME Tempi Elbin.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.			16. SOCIAL SECURITY NO. 212-18-6786		17. INFORMANT Address Mrs. Alda B. Robbins, Millington, Md. 21651				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema of the lungs DUE TO (b) Blood circulatory failure DUE TO (c) 3-4 hours Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 2-3 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from _____, 19____, to on Jan 11 1967 , that (I) (we) last saw the deceased alive on Jan 11, 1967 , and that death occurred at 11:30 PM , from the causes and on the date stated above.									
22a. SIGNATURE Geza Koralewski					M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED Jan. 12. 67.		
22c. PHYSICIAN'S NAME (Type) Geza Koralewski. M.D.					22d. ADDRESS Millington, Md. 21651				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Jan. 14, 1967		23c. NAME OF CEMETERY OR CREMATORY Millington Cemetery.			23d. LOCATION (City, town or county) (State) Millington, Kent Co; Md.		
24. FUNERAL DIRECTOR Edward Fellows,				ADDRESS Millington, Md. 21651		25a. REC'D BY REGISTRAR JAN 16 1967 25b. REGISTRAR'S SIGNATURE James Judge			

1238

Washington

John

Washington

January 10, 1961

Mr. [Name]

Mr. [Name]

Mr. [Name]

Mr. [Name]

Mr. [Name]

Mr. [Name]

Mr. [Name]

Washington, D.C.

Mr. [Name]

January 10, 1961

Mr. [Name]

Washington, D.C.

Mr. [Name]